

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. TERRY E. BALL	<i>Terry E Ball</i>	Street: 517 MUELLER ST. City: ATHENS Zip: 54411	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ATHENS	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. DONALD W. KOCH	<i>Donald W Koch</i>	Street: W5231 PATRAY LN. City: MERRILL Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. James Nechuta	<i>James Nechuta</i>	Street: 2011 Moon Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergen	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Mary Nechuta	<i>Mary Nechuta</i>	Street: 2011 Moon Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergen	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. KAREN SCHODEN	<i>Karen Schoden</i>	Street: 798 Spring Rd City: Marathon W. Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MARATHON	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. KENNETH J. MIKULA	<i>Kenneth J Mikula</i>	Street: 1213 Chas St City: Waupun Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUNAP	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. Arlene C. Paulson	<i>Arlene C Paulson</i>	Street: 401 Edgar Ave City: Rothschild, WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
8. JEFFREY RAY	<i>Jeffrey Ray</i>	Street: 1924 E. 12th Apt 16 City: KRONENWELTER Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KRONENWELTER	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
9. TIMOTHY LODHOLZ	<i>Timothy Lodholz</i>	Street: R5691 Sattler Lane City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
10. KRISTINA TIMMER	<i>Kristina Timmer</i>	Street: 9506 Newberry Dr. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Elizabeth Gustavson, (certify): I reside at 8005 Birch St. #229 Weston
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

Elizabeth Gustavson
(Signature of Circulator)

Page No. 000301

Circulators, please

Phone 7
Email

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. MARK Schonne-	<i>Mark Schonne-</i>	Street: 9905 Heritage Hills Dr. City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/25/2011 (Month) (Day) (Year)	Email Phone ()
2. FLORENCE KOCH	<i>Florence Koch</i>	Street: 45231 PA-TRAY LN City: MERRILL Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	11/25/2011 (Month) (Day) (Year)	Email Phone ()
3. Nathan Mesolek	<i>Nathan Mesolek</i>	Street: 1005 N th 25 th Street City: Wausau, WI Zip: 54403	<input checked="" type="checkbox"/> Town EG <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/25/2011 (Month) (Day) (Year)	Email Phone ()
4. Kelly Graefe	<i>Kelly Graefe</i>	Street: 2104 Mallard Lane City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib. Mt.	11/25/2011 (Month) (Day) (Year)	Email Phone ()
5. NORA JEAN L. FRODL	<i>Nora Jean L. Frodl</i>	Street: 6804 Red Bud Rd. City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib MTN	11/25/2011 (Month) (Day) (Year)	Email Phone ()
6. Wanda Brown	<i>Wanda Brown</i>	Street: 802 Franklin St. Apt. 2 City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/25/2011 (Month) (Day) (Year)	Email Phone ()
7. Sharon Beaton	<i>Sharon Beaton</i>	Street: 4605 Indigo Dr. City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/25/2011 (Month) (Day) (Year)	Email Phone ()
8. KATHY KUZAN	<i>Kathy Kuzan</i>	Street: 4109 Kinglet Cir City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/25/2011 (Month) (Day) (Year)	Email Phone ()
9. Donald D Rein	<i>Donald D Rein</i>	Street: 709 W Randolph St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/26/2011 (Month) (Day) (Year)	Email Phone ()
10. Chris S. Lassa	<i>Chris Lassa</i>	Street: 2907 Howland Ave City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/28/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Elizabeth Gustavson, (certify): I reside at 8005 Birch St. # 229 Weston
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

Elizabeth Gustavson
(Signature of Circulator)

Page No. 000302
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Circulators, please

Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 2
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Lois Boettcher	Lois Boettcher	Street: 2943 County Road B City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marathon	11/29/2011 (Month) (Day) (Year)	Email Phone ()
2. Jerome Boettcher	Jerome Boettcher	Street: 2943 County Road B City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marathon	11/29/2011 (Month) (Day) (Year)	Email Phone ()
3. Kristine Haling	Kristine Haling	Street: 3804 Pine Siskin Ln City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/29/2011 (Month) (Day) (Year)	Email Phone ()
4. William B. Haling	William B. Haling	Street: 3804 Pine Siskin Ln City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/29/2011 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Daniel Hazzart, (certify): I reside at 7402 Wauk Rothschild Village (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 29 / 2011 (Month) (Day) (Year)

Daniel Hazzart (Signature of Circulator)

Page No. 0003303 #

Circulators, please
Phone ()
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. JANE CUMBERLAND	<i>Jane Cumberland</i>	Street: 400 River Dr 390 City: Wausau Wisc Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/26/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Kimberly Schayer, (certify): I reside at 1315 W Wausau Ave Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

Kimberly Schayer
(Signature of Circulator)

Page Number 000301
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Certification of Circulator

I, Alan Tesch, (certify): I reside at 8090 W. Cassidy Dr. Town of Shelton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

Phone	()
Email	

(Signature of Circulator)

Page No. 000305
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. ETHEL BOHL	<i>Ethel Bohl</i>	Street: 400 RIVER DR # 3111 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/29/2011 <small>(Month) (Day) (Year)</small>	Email: 715-8... Phone: ()
2. Alana Smith	<i>Alana Smith</i>	Street: 1320 Grand Ave # 423 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: ()
3. Imogene Newolny	<i>Imogene Newolny</i>	Street: 1320 Grand Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: 715 (845) 2...
Patricia Newolny	<i>Patricia Newolny</i>	Street: 1320 Grand Ave # 415 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: 715 (848) ...
5. Germane Conway	<i>Germane Conway</i>	Street: 1320 Grand Ave # 510 City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: (715) 9...
6. Barbara Koppa	<i>Barbara Koppa</i>	Street: 1320 Grand Ave 54403 City: WAUSAU Zip: Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: (715) 8...
7. Carol Nass	<i>Carol Nass</i>	Street: 1320 Grand Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: ()
8. Elizabeth Hageman	<i>Elizabeth Hageman</i>	Street: 1320 Grand Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: ()
9. DuWayne Nass	<i>DuWayne Nass</i>	Street: 1320 Grand Ave 54403 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 <small>(Month) (Day) (Year)</small>	Email: ... Phone: ()
10.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email: ... Phone: ()

Certification of Circulator

I, Jeannette Suehring, (certify): I reside at 820 Kent St Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/30/2011
(Month) (Day) (Year)

Jeannette Suehring
(Signature of Circulator)

Page No. 000306
 # _____

Circulators, please
 Phone: ...
 Email: ...

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Eric Rasmussen	<i>Eric Rasmussen</i>	Street: 1726 Laguna Ave City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/30/2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, LYNN SUTHERLAND, (certify): I reside at 1021 BROADWAY AVE CITY OF WAUSAU
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

NOV 1 30 20 11
(Month) (Day) (Year)

Lynn J. Sutherland
(Signature of Circulator)

Page No. (Official Use Only)
#

Circulator
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Rachelle Boettcher	Rachelle Boettcher	Street: 7255 Cty Rd A City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berlin	11/30/2011 (Month) (Day) (Year)
2. Ella Jean Hellman	Ella Jean Hellman	Street: 1742 Jackie Rd City: Mosinee Wi Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/30/2011 (Month) (Day) (Year)
3. GENE HELLMAN	Gene Hellman	Street: 1742 JACKIE RD City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/30/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Shirley Schwartz, (certify): I reside at Wausau City 709 Kent St
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

Shirley Schwartz
(Signature of Circulator)

Page No. 000303
#

Circulators, please
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Amy L. Rucks-Faust	<i>[Signature]</i>	Street: 1727 KOWALSKI Rd. City: MOSINEE Zip: 54455	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/24/2011 <small>(Month) (Day) (Year)</small>
2. Natasha Birkett	<i>[Signature]</i>	Street: 1772 Norway Ln. City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/24/2011 <small>(Month) (Day) (Year)</small>
3. PAULETTE F. RUCKS	<i>[Signature]</i>	Street: 1772 NORWAY LN City: MOSINEE, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KRONENWETTER <input type="checkbox"/> City	11/24/2011 <small>(Month) (Day) (Year)</small>
4. JOHN P. RUCKS	<i>[Signature]</i>	Street: 1772 Norway Ln City: Mosinee, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/24/2011 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Paul J. Faust, (certify): I reside at 1727 KOWALSKI Rd Mosinee (Kronenwetter)
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000303

Circulator

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Joanne B. Giordano	<i>Joanne B. Giordano</i>	Street: 505 S. 20th St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
2. Kay Meyer	<i>Kay Meyer</i>	Street: 1104 PINTAIL LN City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/19/2011 (Month) (Day) (Year)		
3. Liberty L. Heidmann	<i>Liberty L. Heidmann</i>	Street: 1606 City Rd W City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/23/2011 (Month) (Day) (Year)		
4. Sam H. Jordan	<i>Sam H. Jordan</i>	Street: 1003 Sylvan St. City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/27/2011 (Month) (Day) (Year)		
5. Mike Waszczuk	<i>Mike Waszczuk</i>	Street: 4101 E. Johnson Ave City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/27/2011 (Month) (Day) (Year)		
6. Carl Berge	<i>Carl Berge</i>	Street: 708 Fulton St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/27/2011 (Month) (Day) (Year)		
7. Angela Spialek	<i>Angela Spialek</i>	Street: 506 1/2 Adams St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/27/2011 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		

Certification of Circulator

I, Jeff Leigh, (certify): I reside at 1511 Fulton St City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page 001 of 001 (Official Use Only)

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Circulator

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. KRISANN CHRISTOFFERSEN	<i>Krisann Christoffersen</i>	Street: 1506 Metro Dr. #9 City: Schofield Zip: 54760	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/17/2011 (Month) (Day) (Year)
2. TOM DURKEE	<i>Tom Durkee</i>	Street: 411 West St City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)
3. BARRY DEXTER	<i>Barry Dexter</i>	Street: 812 STEWART AVE. City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)
4. ERIC GEIB	<i>Eric Geib</i>	Street: 9608 City Rd 2 City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)
5. MARY TRASKA	<i>Mary Traska</i>	Street: 1802 W THOMAS ST City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)
6. Rob Hughes	<i>R. Hughes</i>	Street: 113 Edgar Ave City: Rothschild WI Zip: 54477	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/18/2011 (Month) (Day) (Year)
7. Richard A. Pody	<i>Richard A. Pody</i>	Street: 706 S. 21st Ave City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)
8. Rachel M. Pody	<i>Rachel Pody</i>	Street: 706 S. 21st Ave City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)
9. RUSSELL W. WILSON	<i>Russell W. Wilson</i>	Street: 1515 ADAMS COURT City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)
10. JILL STUKENBERG	<i>Jill Stukenberg</i>	Street: 921 S. 7th Ave City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeffrey T. Leigh, (certify): I reside at 1511 Fulton St City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page 1 of 1 (Official Use Only)

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Circulator

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. CHARLES LEIDY	<i>Charles Leidy</i>	Street: 104 E. RIB MOUNTAIN DR. City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Casandra Johnson	<i>Casandra Johnson</i>	Street: 1102 Krauf City: WAUSAU Zip: 54474	<input checked="" type="checkbox"/> Town C.J. <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Ruth Hagedorn	<i>Ruth Hagedorn</i>	Street: 1003 - SYLVAN ST. City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Heather Nichols	<i>Heather Nichols</i>	Street: 2435 Grand Ave #1 City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
5. Emogene Ritger	<i>Emogene Ritger</i>	Street: 712 Rickbush St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
6. Rebecca Dorsch	<i>Rebecca Dorsch</i>	Street: 5415 Glad St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
7. Phillip Carr	<i>Phillip Carr</i>	Street: 114 LAKEVIEW CT City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
8. Jennifer Johnson	<i>Jennifer Johnson</i>	Street: 705 N 14th St City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
9. Garrick Dreyer	<i>Garrick Dreyer</i>	Street: 3917 E Wausau Ave City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
10. Barbara Bruning	<i>Barbara Bruning</i>	Street: 113 Main St. City: Marathon Zip: 54448	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Marathon	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)

Certification of Circulator

I, JAMES BOGGS, (certify): I reside at 1717 Garfield Ave Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 1 23 2011
(Month) (Day) (Year)

James Boggs
(Signature of Circulator)

Page No. 000312
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Circulator

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Tammy J. Wawrzyniec	<i>Tammy J. Wawrzyniec</i>	Street: 3662 Sugarbush Rd. City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Emmett	11/22/2011 (Month) (Day) (Year)	Email: dtw... Phone: (715)...
2. Kyle G McVee	<i>Kyle G McVee</i>	Street: 4310 Augustine Ave City: Weston Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (623)...
3. Carole ZINSER	<i>Carole Zinsier</i>	Street: 5003 N. 33rd St City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
4. Joyce Lattimer	<i>Joyce Lattimer</i>	Street: 4001 Stewart Ave #303 City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
5. Martha Buckley	<i>Martha Buckley</i>	Street: 935 Scott St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
6. Rude Indreweit	<i>Rude Indreweit</i>	Street: 935 Scott St City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
7. Sarah Nehring	<i>S. Nehring</i>	Street: 4009 Henry St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
8. Krc Stroede	<i>Krc Stroede</i>	Street: 1632 Plato Street City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
9. Birgitta Stroede	<i>Birgitta Stroede</i>	Street: 1632 Plato Street City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...
10. Matt Robinson	<i>Matt Robinson</i>	Street: 710 S 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)	Email: ... Phone: (715)...

Certification of Circulator

I, JAMES BOGGE, (certify): I reside at 1717 Sanford Ave Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/23/2011
(Month) (Day) (Year)

James Bogge
(Signature of Circulator)

Page No. 000313
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Circulators

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Michael Jaeger	<i>Michael Jaeger</i>	Street: 188 S Hwy D City: Mosine Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergen	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
2. Paul Daigle	<i>Paul Daigle</i>	Street: T4862 Morgan Ln City: Wausau Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Pamela Daigle	<i>Pamela Daigle</i>	Street: T4862 Morgan Lane City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Collette Brown	<i>Collette Brown</i>	Street: 2109 Lamont St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Anne Merryfield	<i>Anne Merryfield</i>	Street: T1991 Kiwanis Rd. City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. Keith Kramer	<i>Keith Kramer</i>	Street: 2113 WESTON AVE. City: SCHOFIELD, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Karin Rusch, (certify): I reside at 3824 14th St Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Karin Rusch
(Signature of Circulator)

Page No. (Official Use Only)

000314

Circulator

Phone

Email

PAM GALLOWAY RECALL PETITION

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1. James Kurth		Street: 3440 Riverview Ct. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/15/2011 (Month) (Day) (Year)
2. Scott H. Boesel		Street: 801 Callan St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)
3. Rami Hothur		Street: 628 N. 16th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/14/2011 (Month) (Day) (Year)
4. Jane Schoepke	Jane Schoepke	Street: 14420 12th Ave City: Merrill Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City maine	11/16/2011 (Month) (Day) (Year)
5. Terrel Mervin		Street: 333 N 4TH AV City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/16/2011 (Month) (Day) (Year)
6. Christy Nowinsky	Christy Nowinsky	Street: 409 Lake View Drive City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Lynn Kurth, (certify): I reside at 3446 Riverview Ct WAUSAU
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 23 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000315

Circulators

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Victoria Koskey	<i>Victoria J Koskey</i>	Street: H13971 School Rd City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	11/20/2011 (Month) (Day) (Year)	Email Phone ()
2. Keith Koskey	<i>Keith Koskey</i>	Street: H13971 School Rd City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	11/20/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Lynn Kuntz, (certify): I reside at 3440 Riverview Ct WAUSAU
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 23 2011
(Month) (Day) (Year)

L Kuntz
(Signature of Circulator)

Page No. (Official Use Only)

000316

Circulators

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Debra Regan	<i>Debra K Regan</i>	Street: 3606 Schofield Ave #12 City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/23/2011 (Month) (Day) (Year)
2. WILLIAM L. REGAN	<i>William L. Regan</i>	Street: 3606 SCHOFIELD AVE #12 City: SCHOFIELD WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SCHOFIELD	11/23/2011 (Month) (Day) (Year)
3. MARK G. BLUME	<i>M. G. Blume</i>	Street: 15203 SHORT LAKE DR City: MARATHON Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEFFIN	11/23/2011 (Month) (Day) (Year)
4. THOMAS L. VOSS	<i>Thomas L. Voss</i>	Street: 15203 Short Lake Dr. City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Steffin	11/23/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Diane G. Bohman (Name of Circulator), (certify): I reside at 6604 Caribou Lane (Circulator's Residence - Street name and Number) Village of Weston (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Diane G. Bohman
(Signature of Circulator)

Page No. 000317

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Circulators, please

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sharyn K. Forbes	<i>Sharyn K. Forbes</i>	Street: 218 Sturgeon Eddy Road City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)
2. LaVonne Solomonson	<i>LaVonne Solomonson</i>	Street: 1016 Nina Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)
3. Allan G. Solomonson	<i>Allan G. Solomonson</i>	Street: 1016 Nina Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)
4. Hugh Curtis	<i>Hugh Curtis</i>	Street: 909 Nina Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)
5. Norma Curtis	<i>Norma P. Curtis</i>	Street: 909 Nina Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)
6. Edith J. Smith	<i>Edith J. Smith</i>	Street: 818 E. Union Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)
7. Paul H. Smith	<i>Paul H. Smith</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	____/____/20____ (Month) (Day) (Year)
8. Paul H. Smith	<i>Paul H. Smith</i>	Street: 818 E. Union Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)
9. Henry C. Oswald	<i>Henry C. Oswald</i>	Street: 2112 Hawthorne Ln. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)
10. Wayne A. Wofford	<i>Wayne A. Wofford</i>	Street: 208 S. 13th Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 (Month) (Day) (Year)

Certification of Circulator

I, Allan G. Solomonson, (certify): I reside at 1016 Nina Ave Wausau
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

NOV 1 23 12011 *Allan G. Solomonson*
 (Month) (Day) (Year) (Signature of Circulator)

Page No. 000318
 # _____

Circulators
 Phone _____
 Email _____

PAGE NUMBER:

000319-000320

NOT SUBMITTED

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J...
Committee to...
PO Box 256...
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>DENNIS ZULEGER</u> Print: <u>Dennis Zuleger</u> Sign: <u>[Signature]</u>	Street: <u>N2218 Cardinal Dr</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Black</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone ()
2. <u>KAREN DALLAS</u> Print: <u>Karen Dallas</u> Sign: <u>[Signature]</u>	Street: <u>968 Musky Ct</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone ()
3. <u>SARAH DALLAS</u> Print: <u>Sarah Dallas</u> Sign: <u>[Signature]</u>	Street: <u>968 Musky Ct</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>medford</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone ()
4. <u>SAMUEL DALLAS</u> Print: <u>Samuel Dallas</u> Sign: <u>[Signature]</u>	Street: <u>968 Musky Ct</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone ()
5. <u>WILLIAM DALLAS</u> Print: <u>William Dallas</u> Sign: <u>[Signature]</u>	Street: <u>968 Musky Ct</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Karen Dallas (certify): I reside at 968 Musky Ct Medford
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov. 1, 22nd, 2011 Karen Dallas
(Month) (Day) (Year) (Signature of Circulator)

Page # (Official Use Only)
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Circulators,
Please include your con...
Phone
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Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>DAVID F COOK</u> Sign: <u>David F Cook</u>	Street: <u>W 13193 Old Hwy D</u> City: <u>New Auburn</u> Zip: <u>54757</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Big Bend</u> <small>(Municipality Name)</small>	<u>11 / 15 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>CORNCOD</u> Phone: <u>(715)</u>
2. Print: <u>Margarete Cook</u> Sign: <u>Margarete Cook</u>	Street: <u>W13193 Old Hwy D</u> City: <u>New Auburn</u> Zip: <u>54757</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Big Bend</u> <small>(Municipality Name)</small>	<u>11 / 15 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>CORNCOD</u> Phone: <u>(715)</u>
3. Print: <u>NANCY WHEELER</u> Sign: <u>Nancy Wheeler</u>	Street: <u>503 W. 4th St. N.</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> <small>(Municipality Name)</small>	<u>11 / 15 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Nancy</u> Phone: <u>(715)</u>
4. Print: <u>FREDERICK D. COOK</u> Sign: <u>FR Cook</u>	Street: <u>W13203 OLD HWY D</u> City: <u>NEW Auburn</u> Zip: <u>54757</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Big Bend</u> <small>(Municipality Name)</small>	<u>11 / 17 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Cook</u> Phone: <u>(715)</u>
5. Print: <u>Barbara J Cook</u> Sign: <u>Barbara J. Cook</u>	Street: <u>W13203 Old Hwy D</u> City: <u>New Auburn</u> Zip: <u>54757</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Big Bend</u> <small>(Municipality Name)</small>	<u>11 / 17 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>CORNCOD</u> Phone: <u>(715)</u>

I, Margarete Cook, (certify): I reside at W13193 Old Hwy D New Auburn, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 21 / 2011
(Month) (Day) (Year)

Margarete Cook
(Signature of Circulator)

Page No. 000322
 # _____

Circulators.
Please include your contact information.

Phone: (715)
Email: CORNCOD

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Print: <u>Mark Priniski</u> Sign: <u>Mark Priniski</u>	Street: <u>N9191 Hwy 102</u> City: <u>Rib Lake</u> Zip: <u>54470</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rib Lake</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	<u>prinski</u> Phone: <u>(715) 231-1111</u>
2. Print: <u>Jane Priniski</u> Sign: <u>Jane Priniski</u>	Street: <u>N9191 Hwy 102</u> City: <u>Rib Lake</u> Zip: <u>54470</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rib Lake</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	<u>janep</u> Phone: <u>(715) 231-1111</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	_____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	_____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	_____ Phone: _____

Certification of Circulator

I, Jane Priniski (Printed Name of Circulator) (certify): I reside at N9191 Hwy 102 (Circulator's Residence - Street Name and Number) Rib Lake (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/20/2011 (Month) (Day) (Year) Jane Priniski (Signature of Circulator)

Page No. 000523

Return

Comm
PO Box
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Circulator:
Please include

Phone

(715) 231-1111

Email

jane

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by:
Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>SUSAN FITZGERALD</u> Sign: <u><i>Susan Fitzgerald</i></u>	Street: <u>434 Billings Ave.</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MEDFORD</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>MARY LOU CZERNIAK</u> Sign: <u><i>Mary Lou Czerniak</i></u>	Street: <u>N7866 FISCHER CREEK ROAD</u> City: <u>WESTBORO</u> Zip: <u>54490</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WESTBORO</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: <u>JAYNE HAENEL</u> Sign: <u><i>Jayne Haenel</i></u>	Street: <u>N6260 SETTLEMENT DR</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CHELSEA</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>JERRI SUCHOMEL</u> Sign: <u><i>Jeri Suchomel</i></u>	Street: <u>N1263 HEMLOCK DRIVE</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LITTLE BLACK</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: <u>STEPHEN SUCHOMEL</u> Sign: <u><i>Stephen Suchomel</i></u>	Street: <u>N1263 HEMLOCK DRIVE</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LITTLE BLACK</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, JERRI SUCHOMEL, (certify): I reside at N1263 HEMLOCK DRIVE LITTLE BLACK
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011
(Month) (Day) (Year)

Jeri Suchomel
(Signature of Circulator)

Page 1 of 1 (Official Use Only)
000324

Circulators,
Please include your contact information:
Phone
(715)
Email
newpond

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION	
1. Print: <u>Joan Brayton</u> Sign: <u>[Signature]</u>	Street: <u>W3179 Smock Ave</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Browning</u> <small>(Municipality Name)</small>	<u>11/19/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>[Signature]</u>	Phone <u>(715) [Signature]</u>
2. Print: <u>W. BRAYTON, JR.</u> Sign: <u>[Signature]</u>	Street: <u>W3179 Smock Ave</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BROWNING</u> <small>(Municipality Name)</small>	<u>11/19/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>brayt</u>	Phone <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email _____	Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email _____	Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email _____	Phone <u>()</u>

Certification of Circulator

I, W. BRAYTON, JR. (certify): I reside at W3179 Smock Ave. MEDFORD, WI 54451
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 19 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000325
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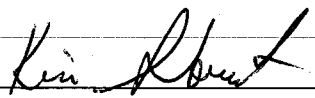

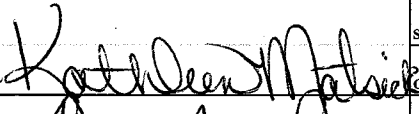
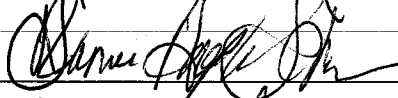
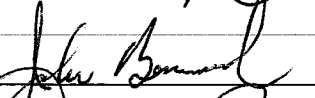

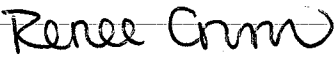
Circulators.
Please include your contact information.

Phone
(715) [Signature]
Email
brayton

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

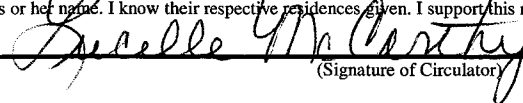
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Sandra P. Plisch		Street: 6007 Tricia Ave. City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Kim Slominski		Street: 306 Burns St City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. BONNIE FOST		Street: 8310 Butternut Rd City: WAUSAU Zip: 54401	<input type="checkbox"/> Town Rib Mountain <input type="checkbox"/> Village Rib <input checked="" type="checkbox"/> City Rib MT	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Kathleen Matsick		Street: 5702 Rose Ave City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mountain <input type="checkbox"/> Village Rib Mt <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Jamie Shoener		Street: 3604 Ross Ave City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. John Burmesch		Street: 2120 Hidden Cove Ln. City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kwa-LTON	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Julianna Burmesch		Street: 2120 Hidden Cove Ln City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kwa-LTON	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Renee Crum		Street: 2903 Wildwood Lane City: WAUSAU Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Lucille McCarthy, (certify): I reside at 2117 Cty Rd xx Rothschild
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 25 120 11
(Month) (Day) (Year)


(Signature of Circulator)

Page Not Officially Used
 # 0000326

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>William Mead</u> Sign: <u>William Mead</u>	Street: <u>1001 Meadow Circle</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>of Rib Mountain</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>715</u>
2. Print: <u>Mary LeBrun</u> Sign: <u>Mary M LeBrun</u>	Street: <u>623 Broken Arrow Rd</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Print: <u>David W Nettesheim</u> Sign: <u>David W Nettesheim</u>	Street: <u>H11001 County Rd J</u> City: <u>Wausau WI</u> Zip: <u>54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hewitt</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Print: <u>Francine Nettesheim</u> Sign: <u>Francine Nettesheim</u>	Street: <u>H11001 County Rd. J</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hewitt</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>fdne</u> Phone: <u>715</u>
5. Print: <u>Roxie Hoffman</u> Sign: <u>Roxie Hoffman</u>	Street: <u>1004 Woodward Ave.</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>hoffm</u> Phone: <u>715</u>

Certification of Circulator

I, Sarah Landsdown, (certify): I reside at 412 N. 5th Ave. Wausau
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011 Sarah A. Landsdown
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000327
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Return by

Committed
PO Box 2
Madison,

Circulators,
Please include your

Phone
715
Email
Slands

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 2
Madison,

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Sarah Landsdown</u> Sign: <u>Sarah B. Landsdown</u>	Street: <u>412 N. 5th Ave</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Kimberly A. Waltz</u> Sign: <u>Kim Waltz</u>	Street: <u>T8933 Cty Rd. W</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Texas</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Cheryl Kubnick</u> Sign: <u>Cheryl Kubnick</u>	Street: <u>5177 28th Ave Apt 1</u> City: <u>Wausau WI</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <u>CK</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>BROKAW</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Bill Truttschel</u> Sign: <u>Bill Truttschel</u>	Street: <u>940 Jackson St.</u> City: <u>Wausau WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Donna Schuh</u> Sign: <u>Donna A. Schuh</u>	Street: <u>1219 Yang Street</u> City: <u>Wausau WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Sarah Landsdown, (certify): I reside at 412 N. 5th Ave.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wausau
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Sarah B. Landsdown
(Signature of Circulator)

Page No. 000328
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Circulators,
Please include your

Phone
() 715
Email
stands

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>DeAnn Schubring</u> Sign: <u>DeAnn Schubring</u>	Street: <u>516 Franklin St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Debra Koziel</u> Sign: <u>Debra Koziel</u>	Street: <u>920 River Street</u> City: <u>Schofield</u> Zip: <u>54476</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Schofield</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>Cynthia L Reinert</u> Sign: <u>Cynthia L Reinert</u>	Street: <u>1320 Greenhill Dr.</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email _____ Phone () _____

1. Sarah Landsdown (Printed Name of Circulator), (certify): I reside at 412 N. 5th Ave (Circulator's Residence - Street Name and Number) Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Sarah B. Landsdown
(Signature of Circulator)

Page Not to be Reused
0000329

Return by
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone
() 715
Email
stand.

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Megan Werner</u> Sign: <u>Megan Werner</u>	Street: <u>1937 Eva Rd. #55</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kronenwetter</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>megw</u> Phone <u>(715</u>
2. Print: <u>Marsha Yulga</u> Sign: <u>Marsha Yulga</u>	Street: <u>1360 Four Mile Rd</u> City: <u>Marathon</u> Zip: <u>54448</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marathon</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(715</u>
3. Print: <u>Larry Holtz</u> Sign: <u>Larry Holtz</u>	Street: <u>B10770 Plover View Rd</u> City: <u>Hatley</u> Zip: <u>54440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ringle</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(715</u>
4. Print: <u>Jenny Stroik</u> Sign: <u>Jenny Stroik</u>	Street: <u>T8576 N. 81st St.</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Texas</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>61K</u> Phone <u>(</u>
5. Print: <u>STEVE SCHOOFS</u> Sign: <u>Steve Schoofs</u>	Street: <u>7080 Countryside Rd</u> City: <u>HATLEY, WI</u> Zip: <u>54440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BEVENT</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>Karla</u> Phone <u>(715</u>

Certification of Circulator

I, Megan Werner, (certify): I reside at 1937 Eva Rd. #55
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Kronenwetter
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011 Megan Werner
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000330
#

Return by

Committed
PO Box 2
Madison, WI

Circulators,
Please include your


Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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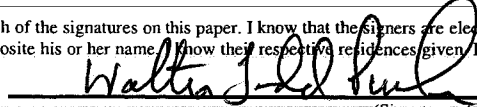
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Paul Beindt		Street: 2174 Blossom CT City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Walter Todd Pink, (certify): I reside at 4104 Sunny Hill Ln Town of Stefan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 27 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. 000331
#

Circulator
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MARK BURCLAFF	<i>Mark Burclaff</i>	Street: 415 S 10th St. City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)
2. Bob Gohlhardt	<i>Bob Gohlhardt</i>	Street: 2108 W. Wausau Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)
3. Hailey Jasmine Punke	<i>Hailey Jasmine Punke</i>	Street: 4104 Sunny Hill Ln City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	11/27/2011 (Month) (Day) (Year)
4. Walter Jan Punke	<i>Walter Jan Punke</i>	Street: 4104 Sunny Hill Ln City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	11/27/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Walter Jan Punke, (certify): I reside at 4104 Sunny Hill Ln Town of Stettin
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 27 / 20
(Month) (Day) (Year)

Walter Jan Punke
(Signature of Circulator)

Page No. (Official Use Only)
000332

Circulator
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Terry Morris	[Signature]	Street: 8300 Marshall City: Athens Zip: 54411	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berlin	11/21/2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, MATT POWERS, (certify): I reside at 3217 BRUCE DR VILLAGE OF WESTON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000333
#

Circulator
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DEBORAH S. HARMAN		Street: 1618 MATHIE ST City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)
2. ALAN L. HENKE		Street: 221 SCOTT ST. City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)
3. Cy Campen		Street: 2400 Marshall Dr City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU WI	11/15/2011 (Month) (Day) (Year)
4. John Faville		Street: 5809 FERGEE ST City: WESTON, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON, WI	11/15/2011 (Month) (Day) (Year)
5. Michael D. Moen		Street: 303 S. 32ND AV City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU, WI	11/15/2011 (Month) (Day) (Year)
6. Terrolo L. Buena		Street: 503 1/2 THIRD ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU WI	11/15/2011 (Month) (Day) (Year)
7. Linda Haney		Street: 711 N. 10TH ST. City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)
8. Jennifer Powers		Street: 3217 BRUCE DR City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	11/16/2011 (Month) (Day) (Year)
9. Kathy Wistrom		Street: 1911 ROOSEVELT ST. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, MATT POWERS, (certify): I reside at 3217 BRUCE DR VILLAGE OF WESTON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
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(Signature of Circulator)

Page No. (Print the only #)
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Circulators

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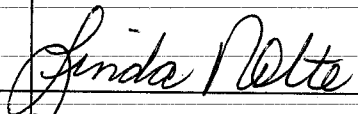
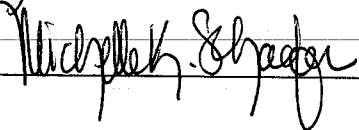


Page No. **000335** Official Use Only
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

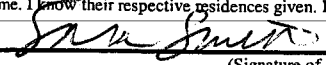
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Eileen Gavin		Street: 10150 N 66th Ave City: Merrill WI Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marine</u>	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715) 6
2. Linda Nolte		Street: 130 Weston City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715) 8
3. Michelle Schaefer		Street: 5006 Blazing Star Dr City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rib Mountain</u>	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715) 3
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Sara Switek, (certify): I reside at 2402 Cran Drive Rib Mountain
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. 000336
(Official Use Only)

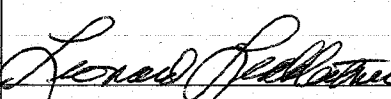
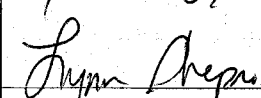
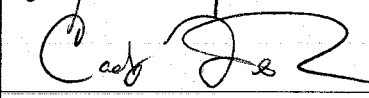
Circulators, please

Phone 550
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

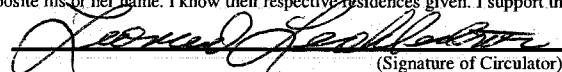
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.		Street: R-4990 CARDINAL Rd	<input checked="" type="checkbox"/> Town Rietbrock	11/20/2011	Email
LEONARD Lechleitner		City: Edgemoor WI Zip: 54426	<input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgemoor	(Month) (Day) (Year)	Phone ()
2.		Street: 631 N 4th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar	11/25/2011	Email
Lynn Shepro		City: Edgemoor WI Zip: 54426	<input type="checkbox"/> City Edgar	(Month) (Day) (Year)	Phone (715)
3.		Street: 9786 Aigner Rd.	<input checked="" type="checkbox"/> Town Bagley	11/26/2011	Email
Cody Lechleitner		City: Suring WI Zip: 54174	<input type="checkbox"/> Village <input type="checkbox"/> City	(Month) (Day) (Year)	Phone (920)
4.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20	Email
5.		City:		(Month) (Day) (Year)	Phone ()
6.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20	Email
7.		City:		(Month) (Day) (Year)	Phone ()
8.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20	Email
9.		City:		(Month) (Day) (Year)	Phone ()
10.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20	Email
		City:		(Month) (Day) (Year)	Phone ()

Certification of Circulator

I, LEONARD Lechleitner (Name of Circulator), (certify): I reside at R-4990 CARDINAL Rd (Circulator's Residence - Street name and Number) TN OF RIETBROCK (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (optional use only)
000337

Circulator's
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Ryan Schnelling	<i>[Signature]</i>	Street: 3908 Sherman Rd City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	11/28/2011 <small>(Month) (Day) (Year)</small>
2. John J. Johnson	<i>[Signature]</i>	Street: 407 KOTER ST. City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/28/2011 <small>(Month) (Day) (Year)</small>
3. Brittany Ebinger	<i>[Signature]</i>	Street: 407 Koter St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/28/2011 <small>(Month) (Day) (Year)</small>
4. Michelle Grdinic	<i>[Signature]</i>	Street: 6100 Lakeshore Dr City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mountain <input type="checkbox"/> Village <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
5. Susan Balliet	<i>[Signature]</i>	Street: 3311 Richards City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/28/2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Marsha A. Kruzan (Name of Circulator), (certify): I reside at 1221 S. 50th Ave, #7 (Circulator's Residence - Street name and Number) Wausau (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Marsha A. Kruzan
(Signature of Circulator)

Page No. (Official Use Only)

000338

Circulators, please

Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Josh Nowinsky	<i>Josh Nowinsky</i>	Street: 1431 Silver Circle City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Kate Kipp	<i>Kate Kipp</i>	Street: 1431 Silver Circle City: Kronenwetter Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/15/2011 (Month) (Day) (Year)	Email Phone
3. KIP LUEDTKE	<i>Kip Luedtke</i>	Street: 5406 128TH AVE. N. City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GETTIN	11/15/2011 (Month) (Day) (Year)	Email Phone (715)
4. Jason M. Sinz	<i>Jason M. Sinz</i>	Street: 204 N. 36th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone (715)
5. KEVIN GRUNDY	<i>Kevin Grundy</i>	Street: 1908 WOODLAND RIDGE RD City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone (715)
6. DAVID JOWNS	<i>David Johns</i>	Street: 12151 CLOVER LN. City: Merrill Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berlin	11/22/2011 (Month) (Day) (Year)	Email Phone (715)
7. Tim Kostroski	<i>Tim Kostroski</i>	Street: 6000 S. Mt. Road City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rob Mountain	11/23/2011 (Month) (Day) (Year)	Email Phone (715)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Kate Ann Kipp, (certify): I reside at 1431 Silver Circle Village of Kronenwetter
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Kate Ann Kipp
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

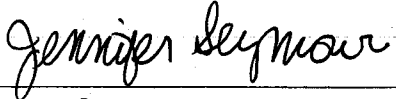
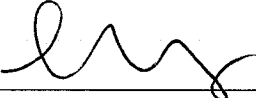

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

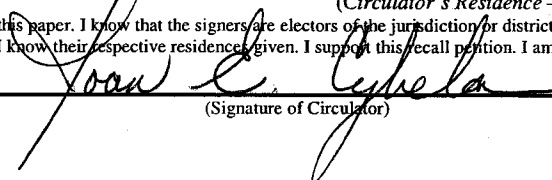
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jennifer Seymour		Street: 6103 Thomas Ave. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Mao Xiong		Street: 809 S 3rd St City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Charlene Schmidt		Street: 2397 Morningside Dr City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Joan E. Cybela (Name of Circulator) certify: I reside at 3340 N. 12th St. (Circulator's Residence - Street name and Number) Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)

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Circul

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jody Christensen	Jody Christensen	Street: T2042 Cty Rd WW City: Waubesa Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Texas <input type="checkbox"/> City	11/28/2011 (Month) (Day) (Year)	Email Phone 715
2. Shannon Engle	S. Engle	Street: 16 S. 6th St. City: Tomahawk Zip: 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village Tomahawk <input checked="" type="checkbox"/> City	11/28/2011 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Joan E. Cybela (Name of Circulator) certify: I reside at 3340 N. 12th St. Waubesa (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Joan E. Cybela
(Signature of Circulator)

Page No. (Official Use Only)

000341

Circulator

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 2
Madison,

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>LAURA ZULEGER</u> Sign: <u>Laura Zuleger</u>	Street: <u>12218 Cardinal Dr.</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Black</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>LINDA J. GELHAUS</u> Sign: <u>Linda J. Gelhaus</u>	Street: <u>956 E. Allman</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>Charles J. Gelhaus</u> Sign: <u>Charles J. Gelhaus</u>	Street: <u>956 E Allman</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: <u>Gabriel J Gelhaus</u> Sign: <u>Gabriel J Gelhaus</u>	Street: <u>956 E. Allman</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: <u>LISA VANUSEK</u> Sign: <u>Lisa Vanusek</u>	Street: <u>121 JOAN ST</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MEDFORD</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, LAURA ZULEGER, (certify): I reside at 12218 Cardinal Dr.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

12 Town of Medford Little Black
(Circulator Municipality)

Circulators.
Please include your
Phone
() _____
Email
() _____

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/28 12011 Laura Zuleger
(Month) (Day) (Year) (Signature of Circulator)

Page No. (optional only)
000342

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Cathy E. Retzer</u> Sign: <u>Cathy E. Retzer</u>	Street: <u>319 N. Third St.</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11 / 21 / 2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>AMANDA LANGDON</u> Sign: <u>Amanda Langdon</u>	Street: <u>W7461 Cara Lane</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11 / 21 / 2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Lori Nelson</u> Sign: <u>Lori Nelson</u>	Street: <u>N5805 State Hwy 13</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Chelsea</u> (Municipality Name)	<u>11 / 21 / 2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Kristine Brandner</u> Sign: <u>MOB</u>	Street: <u>11263 S. 8th St.</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>11 / 21 / 2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Niwle Buechel</u> Sign: <u>Niwle Buechel</u>	Street: <u>308 E. Fremont Ave.</u> City: <u>Stetsonville</u> Zip: <u>54480</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Stetsonville</u> (Municipality Name)	<u>11 / 21 / 2011</u> (Month) (Day) (Year)	Email Phone ()

I, LAURA ZULEGER, (certify): I reside at 12218 Cardinal Dr.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

23 Town of Medford Little Black
(Circulator Municipality) Circulators,
Please include you

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Laura Zuleger
(Signature of Circulator)

Page No. (Official Use Only)
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Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Bob Buciel</u> <small>Print:</small> <u>Bob Buciel</u> <small>Sign:</small>	<u>95/6 JACKSON HEI/ETC</u> <small>Street:</small> <u>HARSHA WIS 54529</u> <small>City: Zip:</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cassian</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
2. <u>Teresa Herzog-Baneck</u> <small>Print:</small> <u>Teresa Herzog Baneck</u> <small>Sign:</small>	<u>911 S. 7th Ave</u> <small>Street:</small> <u>Wausau</u> <u>54401</u> <small>City: Zip:</small>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
3. <u>Amanda Babcock</u> <small>Print:</small> <u>Amanda Babcock</u> <small>Sign:</small>	<u>2907 Joseph Ave Apt 6</u> <small>Street:</small> <u>Schofield</u> <u>54476</u> <small>City: Zip:</small>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Schofield</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
4. _____ <small>Print:</small> _____ <small>Sign:</small>	_____ <small>Street:</small> _____ <small>City: Zip:</small>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone (
5. _____ <small>Print:</small> _____ <small>Sign:</small>	_____ <small>Street:</small> _____ <small>City: Zip:</small>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone (

Certification of Circulator

I, Robert A. Baneck (certify): I reside at 3715 CARL ST. WAUSAU
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000344
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Circulator
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Print: <u>Julie M. Hallberg</u> Sign: <u>Julie M. Hallberg</u>	Street: <u>206 1/2 S. 5th AV.</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>	()
2. Print: <u>FLOYD W. HALLBERG</u> Sign: <u>Floyd W. Hallberg</u>	Street: <u>3708 Carl St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	()
3. Print: <u>LOIS KOEHLER</u> Sign: <u>Lois Koehler</u>	Street: <u>1104 GOLF CLUB RD</u> City: <u>WAUSAU</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> <small>(Municipality Name)</small>	<u>11/19/2011</u> <small>(Month) (Day) (Year)</small>	()
4. Print: <u>Eugene Koehler</u> Sign: <u>Eugene Koehler</u>	Street: <u>1104 GOLF CLUB RD</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/19/2011</u> <small>(Month) (Day) (Year)</small>	()
5. Print: <u>DAVID M BEBEL</u> Sign: <u>David M Bebel</u>	Street: <u>3507 STERNBERG AVE #8</u> City: <u>SCHOFIELD</u> Zip: <u>54473</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WESTON</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	()

Certification of Circulator

I, FLOYD W. HALLBERG, (certify): I reside at 3708 CARL ST.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of WAUSAU WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)
Floyd W. Hallberg
(Signature of Circulator)

Page No. 000345

Circulator
Please include

Phone

()

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Print: <u>Inga Parratta</u> Sign: <u>Inga Parratta</u>	Street: <u>206 S. 5th Ave</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	()
2. Print: <u>Joey Hallberg</u> Sign: <u>Joey Hallberg</u>	Street: <u>524 S 3rd Ave.</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	()
3. Print: <u>Brandon Hallberg</u> Sign: <u>Brandon Hallberg</u>	Street: <u>733 1/2 Jackson St.</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/26/2011</u> <small>(Month) (Day) (Year)</small>	()
4. Print: <u>Thomas Gauger</u> Sign: <u>Thomas Gauger</u>	Street: <u>2034 Greenbud Rd</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> <small>(Municipality Name)</small>	<u>11/26/2011</u> <small>(Month) (Day) (Year)</small>	()
5. Print: <u>GLEN LANDOWSKI</u> Sign: <u>Glen Landowski</u>	Street: <u>701 GRANT ST. APT. 2</u> City: <u>WAUSAU</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	()

Certification of Circulator

I, FLOYD W. HALLBERG, (certify): I reside at 3708 CARL ST
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of WAUSAU WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Floyd W. Hallberg
(Signature of Circulator)

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Larry W Olson</u> Sign: <u>Larry W Olson</u>	Street: <u>733 1/2 Jackson St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Kristin Landowski</u> Sign: <u>Kristin Landowski</u>	Street: <u>733 Jackson St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Debra J. Landowski</u> Sign: <u>Debra J. Landowski</u>	Street: <u>1015 Jackson St.</u> City: <u>Wausau</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, FLOYD W. HALLBERG, (certify): I reside at 3708 CARL ST.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Wausau WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Floyd W. Hallberg
(Signature of Circulator)

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Scott Mueller	<i>Scott Mueller</i>	Street: 709 N. 2nd Street City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Roxanne Kahan	<i>Roxanne Kahan</i>	Street: W12491 Lake Dr City: Lublin Zip: 54447	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Roosevelt	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Dorothy Pagel	<i>Dorothy Pagel</i>	Street: 318 USSR Lot 59 City: Adelbert Zip: 54405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Adelbert	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Roger Ludwig	<i>Roger Ludwig</i>	Street: N16892 DIVISION AVE City: Dorchester WI Zip: 54425	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mayville	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Kim Peissig	<i>Kim Peissig</i>	Street: W6666 Elm Ave City: Dorchester Zip: 54425	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Black	11/27/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, CALLIE Tomczyk, (certify): I reside at W7022 Elm Ave. CK TN Little Black Dorchester 54425
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Callie Tomczyk
(Signature of Circulator)

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NOT SUBMITTED

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. DORIS M. KIEFER	<i>Doris M. Kiefer</i>	Street: 113406 Shattuck St. City: Medford Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Medford	11/17/2011 (Month) (Day) (Year)	Email Phone (715)
2. KRISTI S. TLUSTY	<i>Kristi S. Tlusty</i>	Street: 545 Grahl St. City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/17/2011 (Month) (Day) (Year)	Email Phone (715)
3. KENNETH SCHMIEGE	<i>Kenneth Schmiege</i>	Street: 108 Doyle Place City: Medford Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/17/2011 (Month) (Day) (Year)	Email Phone (715)
4. TIM HANSEN	<i>Tim Hansen</i>	Street: 311 S. 2nd St City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/17/2011 (Month) (Day) (Year)	Email Phone (715)
5. TIMOTHY A KOENIG	<i>Timothy A. Koenig</i>	Street: 130 Doyle Pl City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/18/2011 (Month) (Day) (Year)	Email Phone (715)
6. JILL M KOENIG	<i>Jill M Koenig</i>	Street: 130 Doyle Place City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/18/2011 (Month) (Day) (Year)	Email Phone (715)
7. SUSAN ZENNER	<i>Susan Zenner</i>	Street: W6642 Apple Ave City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Black	11/18/2011 (Month) (Day) (Year)	Email Phone (715)
8. CHARLES ZENNER	<i>Charles Zenner</i>	Street: W6642 Apple Ave City: MEDFORD Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LITTLE BLACK	11/18/2011 (Month) (Day) (Year)	Email Phone (715)
9. MERI MAKOVEC	<i>Meri Makovec</i>	Street: 337 Vincent St. City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/22/2011 (Month) (Day) (Year)	Email Phone (715)
10. BENJAMIN J BRAD	<i>Benjamin J Brad</i>	Street: 221 N 4th St City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/23/2011 (Month) (Day) (Year)	Email Phone (715)

Certification of Circulator

I, Lyn V. Krakenberger, (certify): I reside at 116 S. 3rd St. Medford
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
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Lyn V. Krakenberger
(Signature of Circulator)

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Circulator

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